



PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 3-30-91

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**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.  
**I. A. D. 0. 0. 0. 2. 2. 6. 5. 3**

Manifest  
Document No.  
**115**

2. Page 1  
of 1

Information in the shaded areas is  
not required by Federal law, but  
items D, F, H and I are required by  
State law.

3. Generator's Name and Mailing Address

**Climax Molybdenum Co.  
Hwy 61 South  
Fort Madison, Iowa, 52627**

**319-463-7151**

A. State Manifest Document Number

**INA 0273593**

B. State Generator's ID

5. Transporter 1 Company Name

**Heritage Transport**

6. Use EPA ID Number

**I. N. D. 0. 5. 8. 4. 8. 4. 1. 1. 4**

C. State Transporter's ID

D. Transporter's Phone **317/241-9406**

7. Transporter 2 Company Name

8. Use EPA ID Number

**. . . . .**

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

**Heritage Environmental Services  
7901 West Morris St.  
Indianapolis, IN 46231**

10. Use EPA ID Number

**I. N. D. 0. 9. 3. 2. 1. 9. 0. 1. 2**

G. State Facility's ID

H. Facility's Phone

**319/243-0811**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. **HAZARDOUS WASTE SOLID  
ORME-E, NA9189, (EPA-EPTTOXI)**

12. Containers

No. Type

**1 T T**

13. Total  
Quantity

**15**

14. Unit  
Wt./Vol.

**T**

I. Waste No.

**D004**

c. **RCRA 09/19/1988**



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J. Additional Descriptions for Materials Listed Above

**Molybdenum Sulfide Cake, Exempt  
from RCRA by paragraph, 261.4**

K. Handling Codes for Wastes Listed Above

**D004**

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

**Thomas E. Anderson**

Signature

*Thomas E. Anderson*

Month Day Year  
**09 19 88**

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

**Clyde Bunch**

Signature

*Clyde Bunch*

Month Day Year  
**09 19 88**

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year  
**. . .**

19. Discrepancy Indication Space

IOWA SECTION

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name

Signature

Month Day Year  
**. . .**

RECEIVED

INA 0273593



**INSTRUCTIONS TO GENERATORS** (Please type or print clearly)

- (1) Enter **generator's** U.S. EPA twelve digit identification number and the unique five digit document number assigned to this Manifest (e.g., 00001) by the generator.
- (2) Enter total number of pages comprising this Manifest.
- (3) Enter **generator's** name and mailing address.
- (4) Enter telephone number where an authorized agent of the **generator** may be reached in event of an emergency.
- (5, 6) Enter company name and U.S. EPA I.D. number of the first **transporter** who will transport the waste.
- (7, 8) If applicable, enter company name and U.S. EPA I.D. number of the second **transporter** who will transport the waste. If more than two transporters are used, enter each additional transporter's information on the Continuation Sheet (EPA Form 8700-22A).
- (9, 10) Enter company name, **site** address, and U.S. EPA I.D. number of the **facility** designated to receive the waste listed on this Manifest.
- (11) Enter U.S. DOT Proper Shipping Name, Hazard Class, and I.D. number (UN/NA) for each waste as identified in 49 CFR 171 through 177. Note: If additional space is needed for waste descriptions, enter in Item 28 on the Continuation Sheet (EPA Form 8700-22A).
- (12) Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.

Table I — Types of Containers

DM—Metal drums	TT—Tank Trucks	CM—Metal boxes (including roll-offs)
DW—Wooden drums	TC—Tank cars	CW—Wooden boxes
DF—Fiberboard/plastic	DT—Dump truck	CF—Fiber or plastic boxes
TP—Tanks portable	CY—Cylinders	BA—Bags

- (13) Enter total quantity of waste described on each line.
- (14) Enter appropriate abbreviation from Table II (below) for the unit of measure.

Table II — Units of Measure

P = Pounds	L = Liters (liquids only)
K = Kilograms	G = Gallons (liquids only)
Y = Cubic yards	T = Tons (2,000 lbs.)
N = Cubic meters	M = Metric tons (1,000 kg.)

- (16) The **generator** must read, sign (by hand), and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below.

**THE FOLLOWING INFORMATION IN THE SHADED AREAS IS REQUIRED BY INDIANA STATE LAW**

- (D) Enter the phone number of **first transporter**.
- (F) Enter the phone number of **second transporter** (if applicable).
- (H) Enter the phone number of the designated facility.
- (I) Enter the most appropriate EPA waste code.

**GENERATOR IN STATE:** Retain **Copy 8** and detach and mail **Copy 2** to Indiana D.E.M.

**GENERATOR OUT OF STATE:** Retain **Copy 8** and mail **Copy 2** to the Generator State (if applicable) and mail **Copy 3** to Indiana D.E.M.

**INSTRUCTIONS TO TRANSPORTERS** (Please type or print clearly)

- (17, 18) Enter name of the person accepting the waste on behalf of the **transporter**. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

**TRANSPORTER(S):** Retain **Copy 7 (Copy 6)** and leave remaining copies with **FACILITY OWNER/OPERATOR**.

**INSTRUCTIONS TO OWNERS AND OPERATORS OF TREATMENT, STORAGE, OR DISPOSAL FACILITIES** (Please type or print clearly)

- (19) The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any discrepancy between the waste described on the Manifest and the waste actually received at the facility.
- (20) Print or type name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

**OWNER/OPERATOR IN STATE:** Retain **Copy 5**, return **Copy 4** to generator and mail **Copy 1** to Indiana D.E.M.

**OWNER/OPERATOR OUT OF STATE:** Retain **Copy 5**, return **Copy 4** to generator, mail **Copy 1** to the TSD State (if applicable) and mail **Copy 3** to Indiana D.E.M.

Indiana generators and TSD facilities must mail the required manifest copies to the State of Indiana within five (5) working days (13-7-8.5-7).



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RCRA Records Center

ental Management  
aste Management

IOWA SECTION

886 92 SEP

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Manifest Tracking Phone Number: (317)243-5014